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**UNITED STATES DISTRICT COURT**  
**CENTRAL DISTRICT OF CALIFORNIA**

Ms. J.P., et al.,

Plaintiffs,

v.

WILLIAM P. BARR, et al.,

Defendants.

Case No. 2:18-cv-06081-JAK-SK

Assigned to the Hon. John A. Kronstadt

**DECLARATION OF KENNETH  
BERRICK IN SUPPORT OF  
PLAINTIFF'S POSITION IN JOINT  
STATEMENT FILED ON OCTOBER  
31, 2019**

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**DECLARATION OF KENNETH BERRICK**

**Preliminary Statements**

1. I, Kenneth Berrick, have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. My professional background, experience, and publications are detailed in my curriculum vitae, which was previously submitted in connection with my previous declaration in this matter, signed on July 8, 2018. Dkt. No. 1-2.

2. In preparing this declaration, I have relied on my years of experience in this field, as set out in my curriculum vitae, and on the materials listed therein. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

3. I am not being compensated for the time devoted to providing expert advice or preparing declarations. The opinions I express, or testimony I provide, do not depend on any compensation.

4. If our further testimony would be of benefit to the court, I would be available by telephone or in person to participate in the status conference on this matter.

**Separated Families Continue to Suffer Severe and Ongoing Trauma**

5. My organization, Seneca Family of Agencies, currently serves parents and children who were separated by the Government's Family Separation Policy. Seneca has direct experience delivering mental health services through funding from federal, state, and county governments. I have firsthand knowledge that the parents and children who are our clients continue to suffer severe trauma as a result of their detention and separation. The harms of detention and separation are ongoing for these families, and our organization continues to provide them with the trauma-informed mental health services that they need.

6. The trauma suffered by separated parents and children should come as no surprise to the government. Federal officials have specifically acknowledged the trauma inflicted on families by the Family Separation Policy. For example, Commander Jonathan White of the U.S. Public Health Service testified to Congress in February of 2019 that “Separating children poses significant risk of traumatic psychological injury to the child,” and that he never “would ever have supported such a policy.”<sup>1</sup>

**Plan for the Provision of Mental Health Evaluation and Services to Address Trauma of Familial Separation**

7. In my expert opinion, every parent and child who were separated as a result of the government’s family separation policy should have the opportunity to be assessed for trauma and, if necessary, provided services. Over the past few months, my organization, Seneca Family of Agencies, has developed a detailed outreach and referral coordination plan that, with the appropriate funding, could be immediately implemented to locate Ms. JP Class Members and connect them with free and low-cost trauma screening and services. A description of that plan, which our organization stands ready to carry out with the appropriate funding, follows.

8. The kind of solutions we propose are best carried out by deeply rooted organizations who specialize in family search, the psychological impact of trauma, and family engagement. In my experience, and in this type of work, it is typically difficult to be successful when partnering with agencies with whom there can be significant distrust. In light of the trauma that class members have already suffered, it is critical that any outreach to this population be conducted in a trauma-informed and culturally appropriate manner. For this reason, such outreach must be conducted by individuals not associated with the government, whom class members are likely to associate with the trauma they experienced and who may be perceived as threatening or intimidating, making it far less likely that class members would be open to seeking assessments for the mental health issues.

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<sup>1</sup> Collen Long, *Official who oversaw migrant kids: Separation causes trauma*, AP News, available at <https://www.apnews.com/99591d8bc3b043e2af6fa9207e328aef6>



1           9.     Additionally, any outreach must be conducted in a culturally responsive  
2 manner. This means engaging class members in their native language or a language they  
3 speak fluently, and it means addressing culturally specific barriers to seeking mental  
4 health supports including the stigma of mental illness.

5           10.    I understand and believe that class members are located around the  
6 country. Therefore, in order to set up an outreach network, after obtaining the class list,  
7 an IT specialist will process information to produce an initial mapping of class members  
8 based on last known contact information. An outreach coordinator will then use  
9 mapping to establish relationships with localized organizations that can provide support  
10 outreach in their geographic area. The IT specialist will manage class member data to  
11 evaluate class members' language access based on country of origin. They will also  
12 manage the outreach team's data to assign outreach workers based on location and  
13 language capabilities.

14           11.    It is my assumption that a class list in defendants' possession may not  
15 contain accurate information about class members' current location. For instance, the  
16 government may have recorded a refugee resettlement agency as the initial address, but  
17 the class member may have subsequently been resettled at a different location. To  
18 locate class members, outreach workers can use family tracing techniques, a  
19 methodology that my agency uses on a regular basis to locate family members for the  
20 youth we serve. In this context, outreach workers will start with the information  
21 provided in the class list and then use social media, connections to resettlement  
22 organizations and immigration advocacy organizations, and additional family tracing  
23 techniques in order to locate class members. They will update the contact information  
24 list as new information is identified.

25           12.    A social worker will compile training material on psychoeducation,  
26 boundaries and other best practices and train outreach workers to talk to class members  
27 about available services. One licensed social worker will supervise 15 outreach  
28 coordinators.

1           13. Once contact information has been updated, outreach workers will be  
2 matched to areas with the mapping tool and will engage in initial outreach with class  
3 members. The outreach worker will confirm preferred contact information with class  
4 members in a language that they understand, provide information about available  
5 mental health services utilizing prepared scripts, answer questions, address concerns,  
6 and determine whether the class members are interested in accessing the available  
7 mental health services. Once a class member has expressed interest in receiving an  
8 assessment for trauma, we will use a checklist to determine the appointment needs of  
9 each individual, including if they are seeking individual (parent and/or child) or family  
10 therapy, whether they have transportation and childcare available, their ability to pay,  
11 and preferred timing/availability to receive services. All these things must be done with  
12 understanding and sensitivity to culture.

13           14. There are numerous types of health care facilities that may be able to  
14 provide free and low-cost mental health evaluations and services to class members.  
15 Such facilities include the system of Federally Qualified Health Centers (FQHC) and  
16 clinics that are part of the federal Department of Health and Human Services' National  
17 Child Traumatic Stress Initiative (NCTSI), which awards grants to local clinics to  
18 provide trauma services to youth.

19           15. Following the outreach and determination of needs, outreach coordinators  
20 will identify nearest available service providers for each class member. They will then  
21 contact available service providers to confirm the availability of appointments meeting  
22 the criteria provided above based on appointment needs.

23           16. A referral coordinator will then provide information to the class member  
24 regarding available options and help determine which service provider best suits their  
25 needs. The coordinator will then help class member coordinate logistics to attend their  
26 appointment, ensure language needs are met, coordinate transportation, discuss options  
27 for childcare, complete clinic intake paperwork, and other necessary steps.



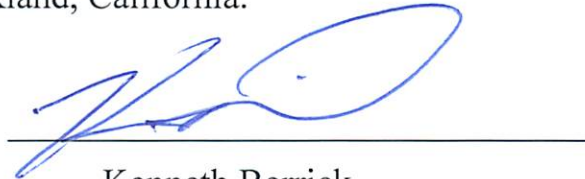
**Effectiveness of the Program Detailed Above**

17. In order to design such a system, I spoke with a number of colleagues in leadership positions in child and family serving organizations as well as the Alliance for Strong Families and Communities. I have also engaged in lengthy discussions with members of Seneca's internal team.

18. The longer families go without being assessed for trauma, the more devastating and long-lasting the effects of that trauma may be on themselves and on their children.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on October 30, 2019, in Oakland, California.



Kenneth Berrick